MEN RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATIS
CERTIFICATE OF DEATH

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Do not use this space.

County Buchanan  Refistration District No.  Township.  Fine No.  Refistered No	1. PLACE OF DEATH			<b>3</b> 5		(a) () () () ()			
City St. Joseph, (N. 6536 Capnegie St. Ward)  2. Full Name Frank Clinton Gunderman  (a) Residence, No.6536 Carnegie St. Ward  (blass place of abode)  Leagh of residence in city or town where death occurred yes an most da. Here long in U.S., if of foreign high? yes now. da. Here long in U.S., if of the word? It. It. If of the word? It.	County Buchanan Refistration District			N <sub>n</sub>	File No				
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2. FULL NAME. Frank Clinton Gunderman  (a) Residence, Na. 6536. Carnegie.  Length of residence in city or two where death occurred  personal and Statistical Particulars  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Single,  5. Single, Marketto, Wildowerp of Miles of Days  5. Ip Marketto, Wildowerp, or Divorced Graft the word)  5. Ip Marketto, Wildowerp, or Divorced Graft the word)  6. DATE OF DEATH (MONTH, DAY AND YEAR) OVERING Graft the word)  7. AGE  Years  Months  DAYS  II LESS than I day, Inc.  6. OCCUPATION OF DECEASED  (a) Trade, prefession, or particular list of work  (b) General nature of industry, belones, or establishment in which employed (or employer)  (c) Name of comployer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER Frank C. Gunderman  11. BIRTHPLACE OF FATHER (CITY or TOWN)  12. MAIDEN NAME OF MOTHER (CITY or TOWN)  13. BIRTHPLACE OF MOTHER (CITY or TOWN)  14. Information  15. DATE OF DEATH (MONTH, DAY AND YEAR)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17. HE CAUSE OF DEATH (MONTH, DAY AND YEAR)  18. WHERE WAS DIELASE CONTRACTED  19. NOTA I PACE OF DEATH  19. NOTA I PACE OF DEATH  10. NAME OF FATHER (CITY or TOWN)  11. BIRTHPLACE OF MOTHER (CITY or TOWN)  12. MAIDEN NAME OF MOTHER (CITY or TOWN)  13. BIRTHPLACE OF MOTHER (CITY or TOWN)  14. Information  15. PACE OF BURIAL CREMATION, OR REMOVAL  16. DATE OF DEATH  17. INFORMATION, OR TRACE OF DEATH  18. WHERE WAS DIELASE CONTRACTED  WAS THERE AN AUTOSTIT.  19. NOTA I PACE OF DEATH  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY or TOWN)  11. BIRTHPLACE OF MOTHER (CITY or TOWN)  STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY or TOWN)  STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY or TOWN)  STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY or TOWN)  14. Information  15. PACE OF BURIAL CREMATION, OR REMOVAL  16. DATE OF BURIAL  17. CONTRIBUTORY  18. WHERE WAS DIELASE CONTRACTED  19. NOTA I PACE OF BURIAL  (Main and in Name of Date of Burial Control						negie	! St.		
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Male White Single,  Sa. If Marrier, Wildows, or Divorced (on) Wife or		PERSO	ONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
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8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER Frank C. Gunderman  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. STATE OR COUNTRY)  16. MAIDEN NAME OF MOTHER Gladys McCale,  (STATE OR COUNTRY)  17. MISSOURI,  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOST  WHAT TEST CONFIRMED DIAGNOSICS  (Signed)  (Signed)  (Signed)  (Signed)  (Mains and Nature of Liviur, or in Easths from Violency Caress, state (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Mains and Nature of Liviur, and (2) whether Accordances, cares (Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains and Mains and Mains and Mains and (2) whether Accordances, cares (Mains and Mains an	7.	AGE	YEARS MONTHS	DAYS			,		
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13. BIRTHPLACE OF MOTHER (CITY OR TOWN). St. JOSEPh.  (STATE OR COUNTRY)  NISSOURI,  (STATE OR COUNTRY)  NISSOURI,  (Address) 6536 Carnegie Street.  14. Lenox, Iowa,  FILED 125 1340 Grand Street.  15. FILED 25 1340 Grand Street.  16. State the Disease Causing Death, or in Seaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accidental, or Homocidal (See reverse side for additional space.)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Lenox, Iowa,  Sept. 25 19 24  20. UNDERTAKER  ADDRESS	11. BIRTHPLACE OF FATHER (CITY OR TOWN) LONOX, (STATE OR COUNTRY) IOWA,					WHAT TEST CONFIRMED DIAGNOSIST. Chicing			
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by g. H. Karle

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association,)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman. etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill. (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of \_\_\_\_\_(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis." etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, moningitis, miscarriage, necrosis, peritonitis, phiobitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.